

Facility ID # _____

PETROLEUM STORAGE TANK FUND APPLICATION

OWNER OF TANKS

Owner Name _____
Address _____
City _____
County _____
State _____ Zip Code _____
Phone _____
Contact Person _____

LOCATION OF TANKS

Facility Name _____
Address _____
City _____
County _____
State _____ Zip Code _____
Phone _____
Contact Person _____

TYPE OF FACILITY

- ☐ Marketer, or non-marketer with facility average monthly throughput greater than 10,000 gallons.
☐ Non-marketer with facility average monthly throughput less than 10,000 gallons (must verify).

DESCRIPTION OF UNDERGROUND STORAGE TANKS

Tank #	_____	_____	_____	_____	_____	_____
Install Date	_____	_____	_____	_____	_____	_____
Capacity	_____	_____	_____	_____	_____	_____
Substance Stored	_____	_____	_____	_____	_____	_____

TANK/LINE TIGHTNESS TEST

Tank #	_____	_____	_____	_____	_____	_____
Pass/Fail	_____	_____	_____	_____	_____	_____

CERTIFICATE OF REGISTRATION

- ☐ All Underground Storage Tanks (USTs) at this facility have been registered.
☐ All UST registration fees and Petroleum Storage Tank Fund fees have been paid.

COMPLIANCE WITH UST REGULATIONS

Is the applicant currently in compliance with all Federal, State, and Local UST regulations?

- ☐ Yes ☐ No If "No" please describe items of non-compliance:

PREVIOUS POLLUTION INCIDENTS

Has a pollution incident ever occurred at your facility?

- ☐ Yes If "Yes" please provide LUST (Leaking Underground Storage Tank) information on the *Previous Pollution Incidents* form.

- ☐ No If "No" please attach a letter or complete the *Previous Pollution Incidents* form to state that under customary business inventory practices standards you are not aware of any release from any tank(s) at this facility.

INDEPENDENT FINANCIAL ASSURANCE

- ☐ I have met the financial responsibility requirement for my share of eligible cleanup costs by the following method:

<input type="checkbox"/> Self Insurance	<input type="checkbox"/> Commercial Insurance	<input type="checkbox"/> Trust Fund
<input type="checkbox"/> Risk Retention Group	<input type="checkbox"/> Letter of Credit	<input type="checkbox"/> Other _____

I certify under penalty of law that the above representations made by me are true and correct.

Owner/Operator signature _____ Date signed _____